

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	7					
TOTAL CLAIMS	10					

TOTAL IND. _____ TOTAL DEP. _____ TOTAL CLAIMS _____